

GIVE A KID A CHANCE
LEGISLATION

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, as a Member of the delegation from Texas, let me join my colleague, the gentleman from Texas (Mr. BARTON), to offer my sympathy to the families of the victims of the bonfire tragedy at Texas A&M University, those who lost their lives and those who were severely injured. My sympathy to my colleague, Congressman BRADY whose district the university is in, and my sympathy to my constituents, many of whom attend Texas A&M and whose family members have attended Texas A&M. My prayers are with them and their families, and I hope that they will know that they are in our thoughts and that the university will proceed with a review of the circumstances. But I offer to them my deepest sympathy.

Mr. Speaker, today I rise on behalf of the children of America, more than 13.7 million that suffer from severe mental health disorders. When we think of the tragedies that we have discussed over the past year, the hateful acts of students allegedly in Cleveland, Ohio; the tragedy of a killing of a middle school youngster in my own community; the enormous tragedy of Columbine; the killings in Fort Worth, Texas and Jonesboro, we do know that our children need help, need aid, need nurturing, and need intervention.

Mr. Speaker, more than 13.7 million children in America suffer from severe mental disorders. I have long been an advocate for children's mental health services because I believe that good mental health is indispensable to overall good health.

Mr. Speaker, today I introduced Give a Kid a Chance Omnibus Mental Health Services Act of 1999. H.R. 3455 was offered and filed with over 42 original cosponsors. I believe that all children need access to mental health services, whether these services are provided in a private therapy session or in a group setting, in our communities, or available as an intervention method in our schools. My bill will provide mental health services to children, adolescents and their families in our schools and communities. By making these services more readily available, more accessible, more known, we can spot mental health issues in children early before we have escalated or they have escalated these incidences into violence.

Mr. Speaker, at least one in five children in adolescence has a diagnosable mental, emotional or behavioral problem that can lead to school failure, substance abuse, violence or suicide. However, 75 to 80 percent of these children do not receive any services in the form of specialty treatment or some form of mental health intervention.

Mr. Speaker, it is not always the kind of specialized treatment that is

needed, but just to be able to give the family and parents access to some form of counseling that will be readily available that would not be distant, that would not be overly exorbitant in cost, that would not be beyond their reach. The lack of access to mental health services has resulted in an increase of children dropping out of school, becoming involved in delinquent or criminal activity and becoming involved in the juvenile justice or protective child systems.

In light of the Columbine tragedy and other violent events of the past 7 months, our children need us to pay close attention to the early signs of mental disorders. Clearly there are warning signs of trouble in young people that point to the possibility of emotional and behavioral disorders. These warning signs include isolation, depression, alienation and hostility. But if they have no access either through the community or school health services or their parents do not know where to go, these terrible warning signs can turn into actions of violence. Recognizing these signs is the first step to ensuring that the troubled youngsters get the attention they need early to address their mental health needs before it is too late.

Although the problem of youth violence cannot be traced to a single cause or source, unrecognized or unaddressed mental health disorders in children can be catastrophic. The current mental health system fails to provide a refuge for these children before they are dumped into the juvenile justice system. Two-thirds of the children who are in the juvenile justice system need mental health intervention. I believe that prevention and intervention from an early age are critical to stemming the tide of youth violence. We must put something in place to intervene in a child's life.

This bill provides for a comprehensive, community-based, culturally competent and developmentally appropriate prevention and early intervention program that provides for the identification of early mental health problems and promotes the mental health and enhances the resiliency of children from birth to adolescence and their families.

□ 2100

It incorporates families, schools and communities in an integral role in the programs. It coordinates behavioral health care services, Mr. Speaker, interventions and support in traditional and nontraditional settings and, finally, it provides a continuum of care for children from birth through adolescence along with their families.

Let me close simply, Mr. Speaker, by saying that I hope that all of my colleagues, Republicans and Democrats, will join in a unified voice in support of pushing this legislation quickly, because we are in great need of providing the kind of comfort and support of our children, intervention, support, mental health services accessible to all.

I rise today on behalf of the children—the more than 13.7 million that suffer from severe mental health disorders. I have long been an advocate for children's mental health services because I believe that good mental health is indispensable to overall good health. Today I introduced a bill, "Give a Kid a Chance Omnibus Mental Health Services Act of 1999," H.R. 3455 with forty-two (42) Original Co-Sponsors.

I believe that all children need access to mental health services. Whether these services are provided in a private therapy session or in a group setting in the schools, we need to make these services available.

My bill will provide mental health services to children, adolescents and their families in the schools and communities. By making these services more readily available, we can spot mental health issues in children early before we have escalated incidents of violence.

At least one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem that can lead to school failure, substance abuse, violence or suicide. However, 75 to 80 percent of these children do not receive any services in the form of specialty treatment or some form of mental health intervention.

The lack of access to mental health services has resulted in an increase of children dropping out of school, becoming involved in delinquent or criminal activity, and becoming involved in the juvenile justice or child protective systems.

In light of the Columbine tragedy and other violent events of the past seven months, our children need us to pay close attention to the early signs of mental disorders. Clearly, there are warning signs of trouble in young people that point to the possibility of emotional and behavioral disorders. These warning signs include isolation, depression, alienation and hostility.

Recognizing these signs is the first step to ensure that troubled youngsters get the attention they need early to address their mental health needs before it is too late. Although the problem of youth violence cannot be traced to a single cause or source, unrecognized or unaddressed mental health disorders in children can be catastrophic.

The current mental health system fails to provide a refuge for these children before they are dumped into the juvenile justice system. I believe that prevention and intervention from an early age are critical to stemming the tide of youth violence. We must put a system in place that can intervene in a child's life early on, long before the first act of violence is ever committed.

However, there is a greater need to address the mental health needs of all children, not just those who end up in the juvenile justice system. We need to address the mental health needs of all children before they become at-risk or troubled youth. Our children need to feel more comfortable about seeking help for their problems.

In preparing this legislation, I worked with a coalition of mental health professionals—psychologists, counselors, social workers and others to create comprehensive mental health legislation that will benefit all children and their families.

Mental health is indispensable to personal well-being, family and interpersonal relationships. Mental health is the basis for thinking and communication skills, learning, emotional growth, resilience and self-esteem.

There were several issues that we considered—access to services, the issue of stigma and the cultural and ethnic barriers to treatment. This bill addresses each of these concerns. Access to mental health services is key to saving this generation from self-destructive behavior.

In addition to access, there is the significant issue of stigma, particularly among the various cultural groups in this country. As we all know, there is already a significant stigma attached to mental health services for adults.

Adults need to realize that mental health is not separate from physical or bodily health. Good physical health is all encompassing, inclusive of the mind and body. As adults, we need to feel more comfortable about our own issues. We cannot continue to believe in the stigma of mental help.

We must also explore the cultural and ethnic barriers to making mental health services available to all children. In certain ethnic cul-

tures, the issue of mental health is almost a non-issue. For example, in some cultures, a person may complain of physical discomfort when the real issue is of a psychological nature.

In addition to internal cultural barriers to mental health treatment, there are cross-cultural barriers that must be overcome. Mental health professionals must be culturally savvy and have an understanding of various cultural and ethnic backgrounds.

People from various cultural backgrounds are often mistrustful of seeking professional mental health services because of a lack of trust in the system, economic constraints, and limited awareness of the value of good mental health. The challenge to the mental health profession is to overcome these barriers to provide comprehensive treatment.

This silence ultimately harms our children. For example, in the African-American community mental health is rarely discussed and it

often goes untreated in both adults and children. Depression is the most common mental health disorder affecting 10 percent of the population, yet we still do not engage in a public dialogue about this issue.

The progress we make now in terms of mental health access and treatment, erasing the stigma and overcoming the cultural barriers will be long reaching.

I urge my colleagues to add their names to the list of cosponsors of this legislation. In the next session, I look forward to this bill passing.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mr. MALONEY) is recognized for 5 minutes.

(Mr. MALONEY of Connecticut addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)